

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007815

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

251

Primary Registration District No.

3048

Registrar's No.

36

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

Maryville

Length of stay in Tb

2 days

c. CITY

OR TOWN

Ravenwood

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 5 miles northwest

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First ALTA

Middle EMMA

Last MURRAY

4. DATE OF DEATH

Month

Day

Year

2

10

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/15/78

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Pickering, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Garten

13b. MOTHER'S MAIDEN NAME

Sarah

14. NAME OF HUSBAND OR WIFE

Leslie Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Harry Pistole, Pickering, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Thrombotic vascular disease + Apoplexy + pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-8-63 to *2/10/63*

and last saw her alive on *2-10-63*

Death occurred at

10:10

P.

m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

2/11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

2/13/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

23d. LOCATION (City, town, or county)

Maryville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

2-11-63

26. REGISTRAR'S SIGNATURE

Bess Bolt

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0745

2 0740

3

4 1

5 1

6

7 0

8 2

9 334X

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo Merrill

Licensed Embalmer No. 5788

P. O. Address Marionville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.